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CONFIRMATION NO. 5506

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/590,039	08/02/2007 RULE	375	2611	915-007.208

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**** CONTINUING DATA *******

This application is a 371 of PCT/IB04/00439 02/12/2004

**** FOREIGN APPLICATIONS *********** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****
09/12/2007

Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	/LN/ Initials			
Verified and /LEON-VIET Q NGUYEN/ Examiner's Signature			4	43	4
Acknowledged					

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TITLE

Channel Equalization

FILING FEE RECEIVED 2380	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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